

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **14472**  
**2131**

BIRTH NO. <b>FILED MAY 13 1953</b>		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>2131</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>45 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>508 3424 Campbell</b>			
3. NAME OF DECEASED (Type or Print) <b>Thomas</b>		a. (First) <b>D.</b>		b. (Middle) <b>ROSS</b>		c. (Last) <b>ROSS</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 21, 1953</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Government clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>KC Records Center</b>		8. DATE OF BIRTH <b>11-29-80</b>		9. AGE (In years last birthday) <b>72</b> if UNDER 1 YEAR Months Days if UNDER 1 MIN. Hours	
11. BIRTHPLACE (City and State or Foreign Country) <b>Ross, Shire, Scotland</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Francis Dundas Ross</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Deane</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret O'Donnell Ross</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-I</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Margaret Ross, 3424 Campbell, K.C., Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Oedema following operation for Carcinoma Tongue &amp; Pharynx</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>operation for</b> DUE TO (c) <b>Carcinoma Tongue &amp; Pharynx</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1 year</b>				INTERVAL BETWEEN ONSET AND DEATH <b>72 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>141A</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>4-14-1953</b> to <b>4-21-1953</b> , that I last saw the deceased alive on <b>4-21-1953</b> and that death occurred at <b>4:25 PM.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John H. McGillivray</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>224 Kialto - KC Mo</b>		23c. DATE SIGNED <b>4/22/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-24-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4-22-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Aylar, Kansas City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Ogilvie  
Rialto Bg - 3pm

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Arthur Eugene Hoad

Licensed Embalmer No.....491

P. O. Address.....K C Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.